DOCUMENT RESUME

ED 437 209 PS 028 205

AUTHOR Robinson, Louester A. S.
TITLE Increasing Family Child Care Providers' Professionalism through Certification and a Professional Network.
PUB DATE 1999-00-00
NOTE 52p.; Ed.D. Practicum II Report, Nova Southeastern University.
PUB TYPE Dissertations/Theses - Practicum Papers (043)
EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Certification; *Child Caregivers; Early Childhood Education; *Family Day Care; Knowledge Level; Professional Development; Program Effectiveness; Program Evaluation; *Training Methods; Two Year colleges
IDENTIFIERS Caregiver Qualifications; *Caregiver Training; Professionalism

ABSTRACT

Noting that in many areas, family child care providers lack both available training to enhance their professional skills and an organized professional network for continual support, this practicum project implemented and evaluated the effectiveness of a curriculum to prepare family child care providers for state certification through a community college setting in a southeastern state. Participants who received the credential for family child care also formed a resource and referral network, a lending library, and a professional association for family child care providers serving the same counties as the college. Training was provided in 12 sessions on topics including health and safety, building partnerships with families, observing young children, guiding children's behavior, children's special needs, marketing and advocacy, and licensing and regulations. Also, part of the program was an 8-month implementation tracking process for training and licensing. Home visits were provided on an individual basis, and additional training was provided on cardiopulmonary resuscitation and first aid. Analysis of data from the project indicated that the following anticipated outcomes were obtained: (1) participants became knowledgeable through curriculum designed for family child care providers; (2) participants increased their knowledge in how to access resources and referrals within the college setting; and (3) participants became knowledgeable in how to meet requirements for operating a licensed family day care home. (Six appendices include data collection instruments. Contains 50 references.) (KB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 437 209

Increasing Family Child Care Providers' Professionalism Through Certification and a Professional Network

by
Louester A. S. Robinson
Cluster 80

A Practicum II Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova Southeastern University
1999

PS 028205

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL
HAS BEEN GRANTED BY
Louester A.S. Robinson
TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

BEST COPY AVAILABLE

APPROVAL PAGE

This practicum took place as described.

Linda M. Ziegler
Verifier: Dr. Linda Ziegler

Vice President for Academic Affairs
Title

Trident Technical College, Charleston, SC 29423
Address

July 1, 1999
Date

This practicum report was submitted by Louester A.S. Robinson under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Approved:

August 5, 1999
Date of Final Approval of Report

June S. Delano
Dr. June Delano, Adviser

Table of Contents

Page

Acknowledgments iii

Abstract iv

Chapter I: Introduction 1
- Description of Community 1
- Writer's Work Setting 1
- Writer's Role 2

Chapter II: Study of the Problem 3
- Problem Statement 3
- Problem Description 3
- Problem Documentation 3
- Causative Analysis 3
- Relationship of the Problem to the Literature 5

Chapter III: Anticipated Outcomes and Evaluation Instruments 12
- Goals and Expectations 12
- Expected Outcomes 12
- Measurement of Outcomes 12

Chapter IV: Solution Strategy 14
- Discussion and Evaluation of Solutions 14
- Description of Selected Solutions 17
- Report of Action Taken 18

Chapter V: Results: 23
- Results 23
- Discussion 27
- Recommendations 28
- Dissemination 29

References 30

Appendices
- A Instrument to Evaluate Participants' Knowledge and Skills in Family Child Care 35
- B Instrument to Evaluate Participants' Knowledge of Accessing Resources and Referrals 37
- C Checklist for Completion of Components of Licensing Process . . 39
- D Participant Interest Survey 41
- E Evaluation Form 43
- F Home Visit Summary 45

Acknowledgments

Words cannot express the thanks I first give to God, because it was He who supplied all of my needs. I needed my family by my side: God helped Peter, Tahlia and Timothy to lift me up. I needed my siblings to stay by my side to encourage me along the way: God kept Shirley, Mary, Jacqueline, Theresa, Simon, Samuel, Curtis and Marvin there to lift me up (Terry and Louise, I miss you — God called them home with my beloved parents). Numerous other friends, colleagues, and relatives have been there for me when I needed support along the way. I thank God for all of them.

Abstract

Increasing Family Child Care Providers' Professionalism Through Certification and a Professional Network. Robinson, Louester A. S., 1999: Practicum Report, Nova Southeastern University, Ed.D. Program in Child and Youth Studies. Family Child Care/Group Home Care/Early Childhood Education/Professional Development/Career Education/Child Care Certification.

This practicum was designed to improve certification and professionalism of family child care providers in the field of early care and education. A nationally recognized curriculum designed specifically for family child care providers was used to certify family child care providers through a community college setting. Participants who received the state-awarded credential for family child care also formed (within the community college setting) a resource and referral network, a lending library, and a professional association for family child care providers (with participants from all counties served by the college).

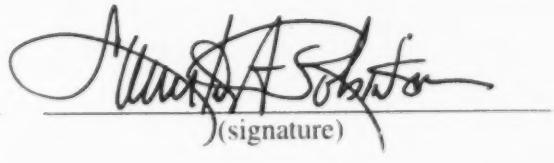
The writer instructed the providers on "An Inside Look at Family child Care," "Taking Care of You," "Health and Safety," "Your Family Child Care Business," "Building Partnerships with Families," "Observing Young Children," "Helping Young Children Grow and Learn," "A Day in Family Child Care," "Guiding Children's Behavior," "Children's Special Needs," "Marketing and Advocacy," and "Your Professional Development." In addition to the curriculum modules, the writer also instructed the family child care participants in licensing and regulations, made home visits to help on an individual basis, and provided a class where some of the participants received Cardiopulmonary (CPR) and First-Aid certification.

Analysis of the data revealed that the family child care participants did not have a viable means of getting specific training to meet their needs within the community college setting. As a result of the curriculum classes, the family child care providers understood how to enhance their skills through certification and professional development. The providers also were professionally strengthened by networking with family child care providers from other counties served by the college. The outcomes that were met in this practicum included (1) participants becoming knowledgeable through curriculum specifically designed for family child care providers, (2) participants increasing their knowledge in how to access resources and referrals within the college's setting, and (3) participants becoming knowledgeable in how to meet requirements for operating a licensed family day care home.

Permission Statement

As a student in the Ed.D. program in Child and Youth Studies, I do give permission to Nova Southeastern University to distribute copies of this practicum report on request from interested individuals. It is my understanding that Nova Southeastern University will not charge for dissemination except to cover the costs of microfiching, handling, and mailing of the materials.

August 9, 1999 (date)

 (signature)

Chapter I: Introduction

Description of Community

The writer's community was located in the southeastern part of the United States. The community encompassed individuals from diverse social and economic backgrounds, and spanned several small towns and cities that had rural and suburban neighborhoods. The residents of the community were primarily lower-to-middle income families. There were several areas in the suburban neighborhoods and cities that had small groups of upper-class families; however, their numbers were not significantly dominated in any given area. The community contained diverse businesses and industries that relied on the college for technical support and services. Most jobs in the community relied on skilled professionals in business, industry, human service, or public service occupations. In response to the community's needs, the technical college provided training, services, and educational programs in "over 80 programs of study in a variety of technical and career areas, plus transfer programs for those who [wanted] to continue their education at a four-year college" (Fact Book, 1997, p. 3).

The geographical area of the practicum setting was in the coastal region of a southern state. The region was a favorite place for tourists, with its many historic attractions and its year-round moderate temperatures. The "lowcountry," as it was often referred to, had wonderful geographical amenities.

Writer's Work Setting

The writer's work setting was a comprehensive, public, two-year college. The college had three campuses and housed the division of continuing education on one of the campuses. The three campuses were located in two counties, but they served three counties in the state. Each of the college's service areas of three counties had a distinct population of people (rural, suburban, and urban communities). The college had an innovative system for delivery of programs, which was networked through distance education in the service area and across the state. Many programs had the capability of being delivered in various modes (e.g., live instruction, online, instructional televised fixed systems, telecourses, interactive video). The diversity of the college's adult learners was reflected on all campuses as stated in its mission. According to the Fact Book (1997), "as an open-door institution of higher

education, the college [provided] lifelong learning opportunities for traditional and nontraditional students; [therefore] these opportunities [enhanced] the economic, social and cultural life of the community" (p. 2).

Writer's Role

The writer, continuing education staff, the Center for Child Care Career Development (CCCCD), and community early childhood agencies were the key players who were involved in this practicum project. The writer was the dean for community, family and child services and trainer for continuing education child care training classes. The continuing education staff implemented training models and provided continuing education units once training was completed. The CCCCD was the state agency that awarded credentials for training completed with the continuing education divisions of technical colleges. The CCCCD awarded a 30- or 60-hour credential for training hours (continuing education units) completed in the state's technical college system. Community early childhood agencies, in the service area of the college, were key players for collaboration on resources and referrals. The writer identified at least six primary agencies and associations in the service area of the college who could be key players for collaboration.

The writer held a Bachelor of Arts degree in Fine Arts; a Bachelor of Science degree in Economics; a Master of Science degree in Child and Youth Care Administration; and was enrolled as a student in a doctoral program in Child and Youth Studies, with a major in Curriculum Development and Systemic Change. The writer was a certified state trainer for infant and toddler, as well as school-age, child care training. The writer's role within the division of community, family, and child services was supervisor of the faculty and administrator of its six programs.

Chapter II: Study of the Problem

Problem Statement

The problem to be solved in this practicum was the professional needs of family child care providers were not met.

Problem Description

The family child care providers in the writer's community needed training that enhanced their professional skills. There was no training that met the specific needs of the providers; nor was there an organized professional network available for continual support. Many of the providers operated in unregulated environments in rural communities, which isolated them from peers and other professional networks. These problems contributed to family child care providers not seeking support for training and professional development.

Problem Documentation

College publications, statistics from telephone surveys to local child care agencies and associations, and statistics from the state's licensing agency served as evidence that supported the existence of the problem. Family child care providers did not have access to programs that improved their skills. The 1996 Fact Book (compiled in 1997) did not identify certificates or diplomas that were awarded to students with a focus on family child care. The 1998 College Handbook did not include curriculum specifically designed for family child care. Family child care providers did not know how to furnish additional help for the children they served. Four of six agencies indicated that they had received minimal requests from family child care providers for help or resources in the past six months. Two of six agencies indicated that they had not received any requests from family child care providers for help or resources in the past six months. Family day care providers were not familiar with the procedures for licensing. There were 133 registered family day care homes in the college's service area. Only 2 of 133 family day care homes in the college's service area were licensed.

Causative Analysis

There were a number of causes leading to this problem. The college's administration had not given high priority to specific course work designed for the training and licensing of family child care providers. The college's academic programs in early

childhood development and school-age child care did not place specific emphasis on curriculum content to provide family child care providers with necessary practical skills or information. Moreover, the child care training program in the continuing education division did not give specific emphasis on curriculum content to provide family child care providers with necessary practical skills or information.

The college was one of 16 sites in the state authorized by the CCCCD to conduct child care training through the Block Grant system of Health and Human Services. A curriculum for family child care was recommended by the CCCCD but not taught through the existing training classes (Dombro & Modigliani, 1997). The current credentials offered through the training did not address specific needs of family child care providers. A recruitment, retention, and referral process did not exist for family child care providers in the current training system. A system for monitoring unregulated family child care providers was not in place within the college's academic or continuing education division. According to the NAEYC (1998), "one of the most dramatic changes in American family life in recent years has been the increased participation of young children in nonparental child care and early education settings" (p. 43). This increasing need for child care warranted the implementation of effective avenues to train providers.

Local children's and families' agencies and associations did not actively collaborate with the college system to establish a network for meeting the specific needs of family child care providers. Agencies and associations made numerous attempts for collaborating on diverse projects with the college, but none was specifically related to family child care. Requests to meet the specific needs of family child care providers warranted action for collaborative efforts.

Many family child care homes were located in rural parts of the college's service area and providers did not attend programs for professional development. The college's service area spanned three counties (much of which was in rural communities); therefore, many providers did not seek training and other needed professional development.

Relationship of the Problem to the Literature

A survey of the literature suggested others were concerned with the problem. The diversity of parents' needs for nonparental care was reflected in the way communities of

today looked from the communities of 20 years ago. According to Siegel (1997), "while the day-to-day changes might appear extremely subtle, the composition of families and the issues facing them have changed dramatically" (p. 136). Because of the changing composition of families, it was necessary for the college administration to make it a top priority to make sure that the area of family child care was also addressed as a training means. When providers were not professionally trained, the environments that they were in did not change either. This signified that quality was not a high priority for the providers. American families who depended on out-of-home child care needed "more family day care services that were accessible and reliable, with an assurance of quality" (NCJW, 1991, pp. 88-92). According to NAEYC (1998), children needed to attend higher quality, out-of-home care to consistently demonstrate better outcomes. If family child care was the choice for parents, family child care providers' environments also needed to be environments that provided quality care to demonstrate better outcomes. According to Kontos (1992), motivational strategies for family child care providers to seek training had not been investigated. Individuals charged with making sure that necessary training was available for providers who care for children and youth, such as the writer's division in her college, had not developed motivational strategies for family child care professionals. The writer's college was a renowned institution for training and developing strategies for teachers; therefore, adding family child care training needed to be an asset that encouraged providers in the communities to seek training. There were too few trainers and not enough funds or awareness to support family child care (Shallcross, 1994). For the development of more home-based facilities, state training agencies such as the writer's technical college did not help to increase public awareness or provide necessary training to providers.

No emphasis on curriculum for family child care through the college was placed on giving providers needed information on how to organize themselves and how to operate their businesses as professionals. Family child care was not considered as a business that provided education and care (Wittenberg, 1988). According to Wittenberg, "family day care [was] different from babysitting because day care [was] considered an approved in-home business [and it was] governed by state and local guidelines that [were] set up for the protection of the children" (p. 21). According to Kettmann (1994), lack of organization and

professionalism hindered family child caregivers' understanding of providing quality care. Furthermore, Kettmann stated that organization and professionalism were important for quality environments, because "the quality of a family home day care [was] influenced by the caregiver's background and basic understanding of children's development and by the ability to individualize the day to each child's interests, abilities, needs, and culture" (p. 28). An appropriately developed curriculum did not exist to help providers. Having no understanding of curriculum and its purpose, as it related to family child care, providers did not evaluate the quality of the way they taught and did business. According to Hunn (1990), family child care providers' self-evaluations did not serve as keys that enhanced the quality of the care they provided. Hunn also stated that the role of family child care providers was critical to the quality of care they provided; therefore, one needed to carefully evaluate if family child care was beneficial to them as a provider because family child care "[affected] your life as well as that of your family" (p. 18).

Increasing certification for family child care providers in the communities served by the writer's college was needed. A collaborative network with centers, schools, and other agencies serving children and families did not exist that would help to place children in needed slots for child care that was not available. Most children who were being cared for were in someone else's home, and in the counties served by the writer's college, most homes were not identified, registered, or licensed. According to Endsley and Bradbard (1981), the number of working mothers with children under six was constantly increasing, expanding the need for child care. Furthermore, Endsley and Bradbard stated that there were "over 6.5 million working mothers who [had] almost 8 million children under six [and] the majority of these children [were] cared for in someone else's home, typically by another mother who [was] also caring for one to five other children of families in the neighborhood, including her own" (p. 11). Collaborative efforts initiated by the college did not exist to provide needed certified family child care providers.

The communities served by the writer's college were in both suburban and very rural areas. Many of the existing family day care homes were registered, but not licensed. Providers in the area did not seek regulation in significant numbers, thereby contributing to the problem of unregulated care in homes. The writer's college continually received calls

from parents seeking information for viable sources of quality child care, as was the case on a national basis. Working parents had many difficulties locating regulated family child care (Berezin, 1990). According to Berezin (1990), some reasons associated with parents not being able to located regulated family child care included (1) "many family day care providers [were] not aware that there [were] regulations regarding the care of children in the home" (p. 61) and (2) "some providers ... [resented] the government's intrusion in what they [considered] a private arrangement — especially if they [didn't] get much in return in the way of training, referrals, or equipment" (p. 61).

The literature documented evidence that the problem existed. Bredekamp and Copple (1997) related the problem to guidelines that were not enhanced by developmentally appropriate practices. The writer's college did not have in place a system that was developmentally appropriate for training family child care providers. According to Bredekamp and Copple, developmentally appropriate guidelines — such as (1) creating a caring community, (2) teaching to enhance development and learning, (3) constructing appropriate curriculum, (4) assessing children's learning and development, and (5) establishing reciprocal relationships with families — needed to be implemented. Casoli (1998) related the problem to unregulated child care systems. In the writer's state, there was an estimate of over 1,400 children in unregulated day care (but enrolled in the Act for Better Child Care Voucher System). Of this total, over 200 children were in counties served by the writer's college. There was no system within the college to encourage providers to become regulated.

Siegel (1997) related the problem to the needs of the teachers and caregivers not being met as they prepared to teach. The writer was a dean at her local community college and could initiate training programs that met the community's needs. There had not been a program designed primarily to meet the needs of family child care providers. Siegel asserted that "college professors [must] emphasize the needs of the teachers and caregivers preparing to teach" (p. 130). A method for meeting the needs of the family child care providers did not exist to help to address the problem of the high turnover rate in the field. Zitman (1990) related the problem to the high turnover rate for child care providers in the field. According to Zitman, "statistics [indicated] that a person who ... worked in the field

more than a year [was] likely to stay there awhile. And those who [obtained] a license often [considered] the work their 'chosen profession' rather than a temporary job" (p. 92).

The family child care providers in communities served by the writer's college were practically invisible because they were not connected to professional development systems in significant numbers. Family child care needed to be more visible by becoming regulated and connected to professional systems (Whitehead, 1994). According to Whitehead, "in the not-too-distant past, family child care was unregulated and invisible" (p. 31). He also added that this status caused providers to be "unconnected" and "isolated" (p. 31), because they were viewed as babysitters and custodial caregivers, thus lacking visibility and political unity. The writer's college had not alleviated these problems in the communities served by her college because, according to the Family Child Care Licensing Study (1996), family child care providers did not seek licensing or registration in significant numbers — as was her case. More providers in the writer's service area needed to choose to be registered. Family child care providers were required to be licensed if they received state or federal monies.

The literature identified many causes of the problem. According to Shore (1997), training and other professional development programs did not address the significance of brain development for young children in child care environment interactions and relationships. Family child care providers often cared for children, unaware of the effects that their care and the environment had on the development of the children. As in the writer's environment, many providers did not seek professional development or training that addressed the significance of the children's development, as related to the care and interactions they provided. According to Shore, family child care providers needed to know that "children [learned] in the context of important relationships. The best way to help young children grow into curious, confident, able learners [was] to give them warm, consistent care so that they [formed] secure attachments to those who [cared] for them" (p. 29). Shore also indicated that "interaction with the environment [was] not simply an interesting feature of brain development; it [was] an absolute requirement" (pp. 15-16).

While the writer's current college programs for training teachers had a significant impact on developing teachers for child care environments, this training base did not

adequately address the needs of linking education and care for family child care providers. Education and care had been separated to a great extent in our society, which caused lack of caring for providers who took care of and taught young children (Galinsky, 1998; Kontos, 1992). According to Galinsky, "for too long [there was] the notion that education and care [ran] on separate tracks [and] those tracks [had] to come together" (p. 20). The development and training of new providers needed to link education and care, thereby helping to recognize key facts often missed by public policy. Public policy failed to recognize key facts that affected quality supportive child care (Wilkins & Blank, 1986). According to Wilkins and Blank, these facts included (1) methods for advancing low-income mothers toward self-sufficiency, (2) recognition that targeted populations for programs were often members of the same family (child/parent), and (3) considerations that needed to be made in order for parents to participate (e.g., transportation, assistance, quality delivery systems, adequate supply of child care).

The increase in the need for childhood care and education services was a cause for the writer's college to take a serious look at extending their teacher training program to consider including avenues for development of family child care providers. There existed a demand for nonparental care provided in the caregiver's home (NCJW, 1991). According to NCJW, "there [was] a strong consumer demand for child care -- in particular family day care ... -- because of its warm and inviting setting, flexible hours, consistent caregiver, and small group size. Increased demand for early childhood care and education services [rapidly rose] from parents with diverse employment status" (NAEYC, 1998; Ward, 1991a). Not only had the rapid rise of the maternal labor force increased the demand for nonparental child care, but the demand "also [came] from families who — regardless of parents' employment status — [wanted] their children to experience the social and educational enrichment provided by good early childhood programs" (NAEYC, p. 43). According to Ward (1991a), the demands also arising from parents' diverse employment status included flexibility, holiday care, 24-hour care, evening care, second and third shift care, care for mildly ill children, emergency care, temporary care, school-age care, and intergenerational care. The demands arising from the increased needs were causes for alarm to have teacher training programs, such as the writer's, to be concerned with the problem

and make sure that in her local communities that the media focused more on these needs, which were addressed with increased family child care environments.

The writer's college programs for training teachers did not adequately link to resources in the community nor provide incentives to increase the base of students. This was a general concern for expanding the field. According to Wittenberg (1988) and Kontos (1992), not enough resources and incentives were available to upgrade the profession and professionals in the expanding field. Kontos further stated that this contributed to many caregivers not perceiving a need to seek professional development, thus keeping them out of contact with typical sources of training which might enhance the need for licensing and reduce high turnovers. Kontos also added that "many people [said] that a child's environment [was] only as good as the caregivers working in it" (p. 119). According to Wittenberg, seeking resources and incentives helped to upgrade the profession of family child care by improving the problems of "low self-esteem, low pay, poor working conditions, and few benefits" (p. 17).

Society did not separate myths from facts in relation to family child care (NCJW, 1989). The extremely low number of registered and licensed family child care providers in the communities served by the writer's college seemed to support the "myth" of being fine if they did not seek licensing or registration. This was a primary cause of the insufficient numbers in the writer's service area. According to the NCJW, there were two primary facts in relation to family child care: (1) providers benefited from becoming licensed or registered and (2) providers needed to be part of a regulatory system because their status invited more parents.

Licensing and regulation standards were diverse on a national basis for child care programs (Miller, 1990). The licensing and regulation standards in the writer's state for family child care providers were also very diverse and difficult for providers to fully understand. According to Miller, most licensing authorities handled an enormous care load of child care environments to monitor (primarily center-based which were licensed). Therefore, in some areas, only a small percentage of family day care homes were visited by licensing authorities on a regular basis. Miller attributed these situations to "the absence of any centrally planned response to the growing need for child care" (p. 49).

Barriers to family child care providers seeking professional development represented a cause of the writer's problem and were best described by the Maryland Committee for Children (1993) and Kontos (1992). According to the Maryland Committee for Children, Inc., the three most common barriers to professionalism for family child care providers were (1) low pay, (2) poor benefits, and (3) low status. Caregivers had to be mentored into seeing the benefits. According to Kontos, caregivers did not successfully attend group meetings for child care training purposes. Therefore, it was vital that training meetings in the writer's college be designed to meet the professional needs of the provider, as well as to afford them long-term benefits to help eliminate causes of this problem.

Chapter III: Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

The writer's goal was that the professional needs of family child care providers were met within the current college programs. According to Modigliani (1990), "family child care [was] the most common form of child care in this country, especially for younger children" (p. 2). Increased certification of family child care providers helped to ensure quality care for young children and enhanced the choice for parents who chose nonparental care for their children.

Expected Outcomes

The following outcomes were projected for this practicum:

1. Fifteen of 25 participants will be knowledgeable in curriculum specifically designed for family child care providers. The measurement tool will be an instrument that documents knowledge of curriculum content for the series of sessions required for certification (see Appendix A). The standard of achievement for each participant will be a score of 70 of 100 on the instrument used to evaluate knowledge and skills in curriculum relating specifically to family child care.

2. Fifteen of 25 participants will be knowledgeable in how to access resources and referrals within the college's setting. The measurement tool will be an instrument that documents the participants' knowledge of accessing resources and referrals relating to successful completion of curriculum modules (see Appendix B). The standard of achievement will be a score of 70 of 100 on the instrument.

3. Fifteen of 25 participants will be knowledgeable in how to meet requirements for operating a licensed family day care home. The measurement tool will be a checklist that documents the participants who successfully complete the process to operate a regulated family day care home (see Appendix C). The standard of achievement will be a score of 9 of 12 on the checklist.

Measurement of Outcomes

The projected outcome of 15 of 25 participants becoming knowledgeable in curriculum specifically designed for family child care providers was measured from data collected from an instrument used to document knowledge of curriculum content (see

Appendix A). The data were calculated using a computer database. This evaluation showed at least 15 participants receiving certification for scoring 70 of 100 on the instrument.

The projected outcome of 15 of 25 participants becoming knowledgeable in how to access resources and referrals within the college's setting was measured from data collected from an instrument used to document participants' involvement and completion of each curriculum module component (see Appendix B). Each curriculum module component required participants to access resources and referrals significantly. The data were calculated using a computer database. This evaluation showed at least 15 participants scoring 70 of 100 on the instrument.

The projected outcome of 15 of 25 participants becoming knowledgeable in how to meet requirements for operating a licensed family day care home was measured from data collected from a checklist used to document the participants who successfully completed the process to operate a regulated family day care home (see Appendix C). Participants were required to follow the procedures recommended by the licensing agency for family child care providers. The data were calculated using a computer database. This evaluation showed at least 15 participants completing 9 of 12 components of the process to operate a regulated family day care home.

Chapter IV: Solution Strategy

Discussion and Evaluation of Solutions

The problem to be solved in this practicum was the professional needs of family child care providers were not met. The family child care providers in the writer's community needed training that enhanced their professional skills. There was no training that met the specific needs of the providers; nor was there an organized professional network available for continual support. Many of the providers operated in unregulated environments in rural communities, which isolated them from peers and other professional networks. These problems contributed to family child care providers not seeking support for training and professional development.

The literature suggested many solutions to the problem. Licensing and regulation of family child care environments enhanced quality teaching and learning. This solution was an added advantage for family child care providers in the college's service area. Caring and responsive individuals were needed for effective, developmentally appropriate environments (Gillis, Kealey, Sawyer, et al., 1991). The licensed family day care provider "gave the children a sense of power and control of their world" (p. 55). This sense of power and control was not passed on unless providers themselves were empowered. Encouraging appropriate licensing and regulation of family child care providers in the college's service area ensured a larger base of providers who were better qualified to care for children. According to the National Association for the Education of Young Children (1998), "the primary benefit from public regulation of the child care and early education market [was] its help in ensuring children's rights to care settings that [protected] them from harm and [promoted] their healthy development" (p. 43). When family child care providers in the college's service area sought regulation in significant numbers, regulatory agencies adhered to standards to aid in this process. The NAEYC had established guidelines for effective regulation of child care environments. NAEYC stated that some of the steps toward effective regulation included (1) complementary processes for professional licensing of individuals, (2) clear, reasonable goals that reflected current research, (3) rules that were vigorously and equitably enforced, (4) sufficient staff by licensing agencies, and (5) incentives such as funding or scholarships (NAEYC, 1998, pp. 46-49). These were

good guidelines that the regulatory agency in the writer's service area needed to follow to enhance current practices.

Training was essential for family child care providers to give them opportunities to develop skills needed for providing quality care and education. The solution here was for the college's administration to implement a program specifically designed for family child care. Developing competency-based training that linked to certificate programs in community colleges was important (Ross, 1989; Hinitz, 1996). Implementing the family child care training program to the other advanced academic programs of early childhood and youth development in the college setting was beneficial for providers to continue their education. According to Ward (1991b), entry-level training needed to be offered by institutions and colleges (as was proposed by the writer's college). Some of the benefits of such training included greater access to federal funds, more opportunities for academic credit, and greater impact on curriculum offerings. Because training seminars had to include consultant services and evaluations (Wisconsin State Board of Vocational, Technical, & Adult Education, 1985), the writer sought guidance and information from professionals locally and statewide who offered help and evaluated the training as it progressed. Because training partnerships had to include incentives for participants (Child Care, 1997; Hackley, 1998), the writer also planned to include partnerships in the communities that offered incentives to the participants as they progressed (materials, supplies, information). Training services were coordinated for child care participants (Turner, 1998), entailing working with professionals in the area specializing in family child care, so as not to duplicate services. The college hoped that a viable solution was to develop a framework for training that reflected adult learning characteristics (Peterson, 1987). This was beneficial to the participants of the program to enhance their current levels of expertise.

Training for family child care providers had to be conducted by professionals who were sensitive to the needs of the providers and who had experience with the population (Trawick-Smith & Lambert, 1995). Therefore, the college's faculty and dean in the area of teacher training were valuable resources to family child care providers. The writer's college was concerned with responding to the training needs of all who were interested in child

care. This was important because child care training had to respond to the diversity of the teachers who were involved in the care and education system (Cassidy, Vardell, & Buell, 1995). The promotion of access to professional development programs of study for the field of early childhood education was important (Bredekamp & Willer, 1993) and needed to be a viable avenue for those desiring the field. Having opportunities to develop professionally was an ongoing process (Brooke, 1994). That was why it was essential for the system of educating family child care providers to be implemented as a viable source of training within the writer's college.

Mentoring support, care, and incentives had to be given to providers seeking training through professional development initiatives. The college's current system for mentoring child care providers entering the field through the continuing education division helped with providing support, care, and incentives for the family child care providers. The writer included home visits during the implementation period to help with mentoring the providers on a one-on-one basis to revisit concepts learned during the training, because mentoring of providers had to include home visits and recognition activities (Kontos, 1992). Communication was another means which offered strategies so that providers achieved learning and development in the home care environment (NAEYC, 1996). The college's incentives helped providers by helping to mentor them professionally to extrinsic satisfaction. Professionalism for providers was related to extrinsic satisfaction (Cheng, 1996). Mentoring to go beyond basic training toward accreditation or validated training toward a child development certificate or diploma had to be supported (Taylor, 1995; Robinson, 1997), and was one of the goals of implementation for the college. The writer hoped that learning through supervision and mentorship helped family child care providers deliver high quality services (Fenichel, 1992). The writer hoped that the certification, awards, and incentives proposed for participants helped them to look at themselves as professionals (Aylward, 1981; Cherry & Harkness, 1991). New leaders in child care had to see themselves as future mentors (Siegel, 1997), which was accomplished through appropriate mentorship.

Professional networks, resource and referral systems, and associations that support advancing to accreditation were essential for family child care providers. The college's

solution of incorporating a professional development system for providers was a solution because of its connectedness to other beneficial networks, systems, and associations. Resource and referral systems were support bases for families and help to (1) establish and maintain collaborative relationships in the community (Siegel, 1997; Whitehead, 1994); (2) identify and recruit providers to coordinate network systems (NCJW, 1991; Ward, 1991a; Kettmann, 1994); and (3) establish collaborative projects to increase training opportunities (Pennsylvania State Department of Public Welfare, 1993). The college's development of a resource lending library was proposed as an incentive for providers, because resource lending libraries were good supplements to group sessions (Kontos, 1992). The writer planned to form a family child care association network through the college and encourage professional association memberships, because this had to be one of the ultimate goals for providers (Kontos, 1992; Dombro, 1995).

Ideas generated from the literature supported collaboration of services to strengthen partnerships that provided a "seamless flow" for professional development for family child care providers (Wolfson, 1994).

Description of Selected Solutions

The writer was prepared to collaborate with the agencies, CCCCD, and continuing education division to formulate an active plan to expand the college's child care training system to include family child care so that providers in the college's service area had a viable source to help them develop professionally. The college implemented a training system that specialized in family child care through its continuing education division, because having this system in place was an asset to the communities' individuals desiring an avenue that met their current or desired interests in family child care. The college collaborated with local agencies and associations to establish a resource and referral network for family child care providers so that the needs of family child care providers were met as they tried to make their businesses quality environments for young children. The college utilized its distance delivery system to provide support and mentoring to promote the professional development of family child care providers in all areas served (broadcast system for meetings and workshops, community events, training).

Report of Action Taken

The writer began the 8-month practicum by collaborating with the college's continuing education division and a locally licensed family child care provider for referrals for interested participants. The continuing education division generated a list of family child care providers from its training database, and the locally licensed family child care provider provided referrals of family child care providers in the college's service area. The writer held an interest breakfast for initial providers to explain the upcoming practicum project to see if the idea was feasible for the intended participants. After the interest breakfast, the writer sent introductory letters to the providers who attended, as well as other referrals, explaining the 8-month process and inviting them to participate in the upcoming training sessions. The writer mailed the invitations to an exhaustive list of providers, seeking at least 25 participants. The letter gave a summary of the scheduled sessions and invited the participants to the planned orientation session. While waiting on responses, the writer prepared binders and other necessary materials for the training sessions. The Center for Child Care Career Development (CCCCD) in the writer's state provided the curriculum materials for the project. The CCCCD also sponsored scholarships for each participant selected to receive continuing education credits toward the state-awarded child care credential for family child care. The CCCCD also awarded the writer a grant for $5,000 to purchase materials, equipment, and supplies for the family child care providers' lending library. The writer initially received the responses of 25 interested providers to participate in the practicum.

The writer thought that the orientation session was successful, because 21 participants attended. Two participants who consented to participate in the practicum did not attend the orientation session or any of the subsequent activities. Two additional participants who were unable to attend the orientation received the preliminary introduction at a later date. Therefore, the practicum began with 23 of the initial 25 respondents. One of the 23 participants was currently enrolled in one of the academic early childhood programs at the college and decided to drop from the project after a couple of sessions. The project continued to move forward with 22 participants. Three participants attended nearly half of the sessions and ultimately never returned to the training. Nineteen participants continued to

progress toward completion of the practicum project. Participants were initially given a checklist to determine their status and interest in the proposed practicum (see Appendix D). This initial checklist gave the writer some insight as to the participants' level of interest and commitment to the project. The results of the information provided by the participants who completed the training are reflected in Table 1 below.

Table 1

Checklist for Determining Participants' Interest Level

Question	Number of Participants Who Answered "Yes"	Number of Participants Who Answered "No"
1. Are you a current family child care provider?	19	0
2. Are you interested in earning certification in family child care?	19	0
3. Are you interested in becoming a licensed family child care provider?	19	0
4. Are you interested in being a part of an 8-month implementation tracking process for training and licensing?	19	0
5. Will you be able to attend all 12 training sessions?	19	0

The writer designed four instruments to be used at the completion of the training sessions to evaluate the participants: (1) Instrument to evaluate participants' knowledge and skills in family child care (see Appendix A), (2) Instrument to evaluate the participants' knowledge of accessing resources and referrals (see Appendix B), (3) Checklist for completion of components of licensing process (see Appendix C), and (4) a Rating Scale to evaluate the training sessions (see Appendix E). The writer proceeded with the training

and documented areas of concern from the providers. Addressing individual needs of the providers was a necessary component of the practicum process.

The writer made home visits an integral part of the training. The writer developed a home visit summary to keep track of participants' individual needs (see Appendix F). The summary helped the writer to note specifics regarding observation of the environment and needs of the provider, and allowed the writer to note individual recommendations. This additional part to accessing needs outside of the classroom was an effective mentoring tool for the writer. The providers were very enthused to be visited individually. The training sessions were often consumed with hands-on activities and lively discussion; therefore, meeting the providers on an individual basis in their homes was appreciated tremendously. The writer shared expertise one-on-one with the providers to help meet their individual needs (infant/toddler issues, room arrangements, parent communication, dealing with multi-age groups, business management).

The writer sought community help from a locally licensed family provider (who was a certified Red Cross instructor and adjunct faculty member at her college) to provide CPR and First-Aid Training for interested providers because some of them needed recertifying and others needed initial certification. This training was offered on a voluntary basis for the providers. Twelve participants completed and received certificates for CPR and First-Aid Training.

The writer, along with funding from the CCCCD, helped the participants to develop a lending library to access necessary materials, books, and supplies for their family child care homes. Participants also donated books to this effort as well. Numerous books were acquired whenever participants were late for a training session, because donating a book was their entrance ticket.

A professional network was developed by the family child care providers. They established a family child care association that was representative of all of the counties served by the community college. The providers elected officers and became an effective association for family child care linked to the writer's college. The association's first project was to develop a resource and referral network that included their services (family child care) and other resources in the counties served by the college to meet the needs of the

family child care provider. The writer scheduled a significant collaboration meeting for the participants with local college officials and other agency representatives in the counties served by the college (Department of Social Services, Department of Health and Environmental Control, local food program, and exchange center). This meeting was significant because it introduced their association to the community as a viable link to providing services for children and families.

The writer's newly elected governor in her state demonstrated his interest in making child care training a priority by giving cash bonuses for completion of state-awarded credentials in child care training. The writer's practicum group was eligible to receive a cash bonus at the close of their training because they completed enough continuing education training units to qualify for the state-awarded credential in family child care.

During the final weeks of training, the writer developed a study guide for the participants to network together and affirm each other's knowledge in the areas of the recent training sessions. This helped to strengthen their knowledge, as well as their relationships, by enabling them to become more connected to each other and to develop respect for each other's knowledge and skills. In preparation for the final evaluating session and graduation, the writer prepared necessary forms, collaborated with the college's marketing department, and made other plans (facility, food, certificates). The writer developed a rating scale for the participants to evaluate the training and topic areas (see Appendix E). The results of the data collected are shown in Table 2 on page 22.

The graduation ceremony served as the participants' culminating activity. Each participant received a certificate from the college's continuing educating division for successful completion of the training sessions. An enormous crowd of family, friends, and college officials attended the event to help the participants celebrate their new beginning. The college's marketing department wrote an article on the practicum project and released it to each participant's hometown weekly newspaper.

Table 2

Evaluation of Training and Topic Areas

Rating Scale: 5 - Excellent * 4 - Very Good * 3 - Average * 2 - Fair * 1 - Poor

	Cumulative Scores				
	5	**4**	**3**	**2**	**1**
1. The training seminars helped to increase my knowledge of family child care process.	10	2			
2. Please rate the Curriculum Training Modules:					
1. An Inside Look at Family Child Care	15	3			
2. Taking Care of You	17	1			
3. Health and Safety	14	4			
4. Your Family Child Care Business	15	3			
5. Building Partnerships With Families	16	2			
6. Observing Children	13	5			
7. Helping Children Grow and Learn	14	4			
8. A Day in Family Child Care	16	2			
9. Guiding Children's Behavior	14	4			
10. Children's Special Needs	14	4	1		
11. Marketing and Advocacy	13	5			
12. Your Professional Development	16	1			
3. Please check the appropriate response: I plan to become a licensed family child care provider.	Yes: 13		No: 3		

Chapter V: Results

Results

The problem to be solved in this practicum was the professional needs of family child care providers were not met. The family child care providers in the writer's community needed training that enhanced their professional skills. There was no training that met the specific needs of the providers; nor was there an organized professional network available for continual support. Many of the providers operated in unregulated environments in rural communities, which isolated them from peers and other professional networks. These problems contributed to family child care providers not seeking support for training and professional development.

The writer was prepared to collaborate with the agencies, CCCCD, and continuing education division to formulate an active plan to expand the college's child care training system to include family child care so that providers in the college's service area had a viable source to help them develop professionally. The college implemented a training system that specialized in family child care through its continuing education division, because having this system in place was an asset to the communities' individuals desiring an avenue that met their current or desired interests in family child care. The college collaborated with local agencies and associations to establish a resource and referral network for family child care providers so that the needs of family child care providers were met as they tried to make their businesses quality environments for young children. The college utilized its distance delivery system to provide support and mentoring to promote the professional development of family child care providers in all areas served (broadcast system for meetings and workshops, community events, training).

The writer's goal was that the professional needs of family child care providers were met within the current college programs. According to Modigliani (1990), "family child care [was] the most common form of child care in this country, especially for younger children" (p. 2). Increased certification of family child care providers helped to ensure quality care for young children and enhanced the choice for parents who chose nonparental care for their children.

The following outcomes were projected for this practicum:

1. Fifteen of 25 participants will be knowledgeable in curriculum specifically designed for family child care providers. The measurement tool will be an instrument that documents knowledge of curriculum content for the series of sessions required for certification (see Appendix A). The standard of achievement for each participant will be a score of 70 of 100 on an instrument used to evaluate knowledge and skills in curriculum relating specifically to family child care.

This outcome was met. Nineteen family child care providers completed the curriculum model specifically designed for family child care providers. However, one participant did not complete any of the instruments due to relocation to another city shortly after the curriculum classes were completed. The writer gave the remaining participants the evaluation instrument to determine their understanding of the information taught and discussed by the writer in the previous sessions. The results of the data collected are shown below in Table 3.

Table 3
Knowledge and Skills Scores

	Improvement Needed (0 - 69)	Successfully Acquired Knowledge (70 - 100)
Participant 1	—	91
Participant 2	—	100
Participant 3	—	92
Participant 4	—	89
Participant 5	—	91
Participant 6	—	100
Participant 7	—	99
Participant 8	—	98
Participant 9	—	100
Participant 10	—	100
Participant 11	—	99
Participant 12	—	95
Participant 13	—	100
Participant 14	—	96
Participant 15		(Relocated)
Participant 16	—	98
Participant 17	—	94
Participant 18	—	98
Participant 19	—	95

2. Fifteen of 25 participants will be knowledgeable in how to access resources and referrals within the college's setting. The measurement tool will be an instrument that documents the participants' knowledge of accessing resources and referrals relating to successful completion of curriculum modules (see Appendix B). The standard of achievement will be a score of 70 of 100 on the instrument.

This outcome was met. The results of participants' scores on the instrument to determine their knowledge of how to access resources and referrals are shown below in Table 4 . This instrument was given to the participants during the final evaluation session.

Table 4

Knowledge of Accessing Resources and Referrals

	Improvement Needed (0 - 69)	Successfully Acquired Knowledge (70 - 100)
Participant 1	—	100
Participant 2	—	100
Participant 3	—	100
Participant 4	—	100
Participant 5	—	100
Participant 6	—	100
Participant 7	—	100
Participant 8	—	100
Participant 9	—	100
Participant 10	—	100
Participant 11	—	100
Participant 12	—	100
Participant 13	—	100
Participant 14	—	100
Participant 15		(Relocated)
Participant 16	—	100
Participant 17	—	80
Participant 18	—	80
Participant 19	—	100

3. Fifteen of 25 participants will be knowledgeable in how to meet requirements for operating a licensed family day care home. The measurement tool will be a checklist that documents the participants who successfully complete the process to operate a regulated family day care home (see Appendix C). The standard of achievement will be a score of 9 of 12 on the checklist.

This outcome was met. The results of participants' input on the checklist to determine their knowledge in how to meet requirements for completion of components of the licensing process are shown below in Table 5. This checklist was given to the participants during the final evaluation session. While the outcome was met with 11 of 12 participants demonstrating knowledge in how to meet requirements for completion of components for the licensing process, seven of the participants went further and obtained their licenses (indicated by the * below).

Table 5
Knowledge of How to Meet Requirements for Completion of Licensing Components

	Standard Not Met (0 - 8)	Standard Met (9 - 12)
Participant 1	—	Yes
Participant 2	—	Yes *
Participant 3	—	Yes
Participant 4	—	Yes
Participant 5	—	Yes *
Participant 6	—	Yes *
Participant 7	—	Yes
Participant 8	—	Yes *
Participant 9	—	Yes
Participant 10	—	Yes *
Participant 11	—	Yes
Participant 12	—	Yes
Participant 13	—	Yes *
Participant 14	—	Yes
Participant 15		(Relocated)
Participant 16	—	Yes *
Participant 17	—	Yes
Participant 18	—	Yes
Participant 19	—	Yes

BEST COPY AVAILABLE

Discussion

The results of the practicum were interpreted to mean that the specific needs of family child care providers were met because of the writer's intervention with best practices and other initiatives that benefited them. The participants of the practicum actually learned, through effective training and mentoring, that they were able to pursue child care professional development needs and obtain a 30-hour credential in family child care. The practicum participants were also eligible for the state-awarded credential, because their training sessions covered the 30 required hours. In the writer's state, this qualified the practicum participants for a monetary award from the governor for completing their professional development in this manner.

The results of the practicum were also interpreted to mean that the providers acquired the necessary basic knowledge and skills to function as professional family child care providers. This basic knowledge was a catalyst for the providers' endeavoring to continue on a professional path. The networking sparked through their newly formed association also enhanced their professional knowledge and skills. The providers were very confident as they collaborated with agencies and other necessary resources through their resource and referral network because they had a general working knowledge of how to do so. It was very significant that the providers' "new knowledge" also helped them to realize that licensing was an integral part of professional child care. Seven providers achieved the goal of licensing, which not only increased the minimal number of licensed providers in the writer's service area, but increased the state's number as well.

The projected outcomes of the practicum were met. The writer wanted to make sure that the professional needs of family child care providers were met due to the necessity of having qualified providers caring for young children. The writer's college was a leader in the state for developing training programs to meet the needs of providers who cared for young children; therefore, it was deemed necessary that the area of family child care become an integral component of the college's offerings. It was the writer's desire to be inclusive of all providers of care for young children in the service area of the college to make sure that their needs could be met through effective training programs.

The practicum was beneficial to the participants in another way as well: it built their self-esteem to a level that was a notable transformation for the group as a whole. The writer clearly saw, through her mentoring efforts, how the program participants used their "new knowledge" to uplift each other and to have the desire to continue to further their education. The writer's college was very supportive in embracing this group of participants to help them toward other upcoming academic endeavors.

Recommendations

In further evaluating this practicum, the writer makes the following recommendations to anyone interested in implementing this practicum:

> 1. According to Robinson (1998), it is important to accomplish the following: Support and information links must be established between all parties concerned before attempting to implement. Each state should have an agency responsible for professional development (such as ABC Voucher Block Grant Center), as well as community colleges for further training. Finding out the possibility of available scholarships, funding, and training will help to establish the necessary links for further advancement for participants. (p. 21)

2. The schedule of training should accommodate the participants of the project by being flexible to meet their needs when it comes to scheduling sessions. The time frame selected by the writer worked very well with the family child care providers. They often worked until late in the evening during the week, and many had young children of their own to care for. As a result, evening training was not selected at all. The Saturday morning training schedule was selected for this group, and only two evenings were scheduled during the entire 8-month implementation (association and collaboration meetings).

3. The writer had the advantage of being a dean with the college and was able to make decisions about implementing new ideas for programming. It was also fortunate for the writer that the college had placed specific recruiting requirements on faculty and staff. This practicum also served as a pilot to determine the feasibility of offering an academic program in family child care. The writer's expertise in the area of training and professional development was an asset in implementing this practicum. It is recommended that having

essential knowledge and experience about early education, family child care, training adults, and knowledge of community agencies be critical to the success.

Dissemination

The writer's proposal to present the model for this practicum at her state's conference for the Association for the Education of Young Children was accepted. The writer has served as state president of this association. The writer shared the results of the practicum with other state leaders in the community college peer group and task force on higher education. The writer also disseminated information to the governor's committee on which she served, which was developing state standards for a new initiative on early care and education. Local dissemination will occur through the local task force for the Urban League, as well as the members on the college advisory board who represent early care and education through the writer's academic division. The college's continuing education division will implement this practicum training model in its upcoming fall program offerings. The writer will develop an academic certificate program in family child care at her college (participants who completed the pilot will be able to articulate their continuing education credits toward the requirements of the academic certification).

References

Aylward, D. M. (1981, December). Pragmatics of the certification/credentialing process for child care workers. (ERIC Document Reproduction Service No. ED 220 199).

Berezin, J. (1990). The complete guide to choosing child care. New York: Random House.

Bredekamp, S., & Copple, C. (Eds.). (1997). Developmentally appropriate practice in early childhood programs. Washington, DC: NAEYC.

Bredekamp, S., & Willer, B. (1993, March). Professionalizing the field of early childhood education: Pros and cons. Young Children, 82-84.

Brooke, G. (1994, September). My personal journey toward professionalism. Young Children, 49(6), 69-71.

Casoli, K. (1998, March 15). Unregulated child care providers. Interview with Colleen Spears, Department of Health and Human Services, Columbia, SC.

Cassidy, D. J., Vardell, R., & Buell, M. J. (1995, June). If you don't know where you are, how can you get where you're going?: A contextual examination of professional development in the early childhood field. Child & Youth Care Forum, 24(3), 151-168.

Cheng, Y. C. (1996, January/February). Relation between teachers' professionalism and job attitudes, educational outcomes, and organizational factors. The Journal of Educational Research, 89(3), 163-171.

Cherry, C., & Harkness, B. (1991). Family day care providers management guide. San Bernadino, CA: Simon & Schuster Supplementary Education Group.

Child Care. (1997). A service project for young children: Priority one. Child Care, P.O. #20, 1-7.

Davidson County Board of Education. Conducting Research in the Davidson County Schools. Lexington, NC: Author.

Dombro, A. L. (1995, January). Child care aware: A guide to promoting professional development in family child care — Lessons learned from child care aware sites. New York: Families and Work Institute.

Dombro, A. L., & Modigliani, K. (1997). There's no place like home: A training curriculum for family child care providers. Boston, MA: Redleaf Press.

Endsley, R. C., & Bradbard, M. R. (1981). Quality day care: A handbook of choices for parents and caregivers. Englewood Cliffs, NJ: Prentice Hall, Inc.

Fenichel, E. (1992). Learning through supervision and mentorship to support the development of infants, toddlers and their families: A source book. Arlington, VA: ZERO TO THREE/ National Center for Clinical Infant Programs.

Gall, M. D., Borg, W. R., & Gall, J. P. (1996). Educational research: An introduction. (6th ed.). New York: Longman Publishers USA.

Gillis, M. M., Kealey, A. M., Sawyer, M. M., et al. (1991). Little people-big business: A guide to successful in-home day care. White Hall, VA: Betterway Publications, Inc.

Hackley, S. (1998, January 12-13). Family child care comments toward child care career development. Conference report presented at South Carolina Child Care Career Development Conference, Center for Child Care Career Development, Greenville, SC.

Hinitz, B. F. (1996, March). National policies and training frameworks for early childhood education in the United States. The Child Development Association. (ERIC Document Reproduction Service No. ED 397 018).

Hunn, S. (1990). Family child care as a small business. ECE/CDA Training Series. Coolidge, AZ: Central Arizona College. (ERIC Document Reproduction Service No. ED 400 917).

Kettmann, S. (1994). Every question to ask before you choose family-friendly childcare. Waco, TX: WRS Publishing.

Kontos, S. (1992). Family day care: Out of the shadows and into the limelight. Washington, DC: NAEYC.

Maryland Committee for Children, Inc. (1993). A new beginning: A blueprint for a career development and training plan for Maryland's child care professionals. Baltimore, MD: Maryland State Department of Human Resources. (ERIC Document Reproduction Service No. ED 376 919).

Miller, A. B. (1990). The day care dilemma: Critical concerns for American families. New York: Plenum Press.

Modigliani, K. (1990). Choosing family child care: A handbook for parents. New York: National Council of Jewish Women.

National Association for the Education of Young Children. (1996). Guidelines for preparation of early childhood professionals. Washington, DC: NAEYC.

National Association for the Education of Young Children. (1998, January). NAEYC position statement on licensing and public regulation of early childhood programs. Adopted 1997. Young Children, 53(1), 43-50.

National Council of Jewish Women. (1989). The partnership guide: Strategies for supporting family day care in your community. New York: NCJW Center for the Child.

National Council of Jewish Women. (1991). Highlights of the NCJW national family day care project, 1988-92). New York: Author.

Pennsylvania State Department of Public Welfare. (1993). Pennsylvania child care/early childhood development training system annual report, 1992-93. Harrisburg, PA: Author. (ERIC Document Reproduction Service No. ED 368 504).

Peterson, K. L. (1987). Professional development and child care practitioners: Implications for training. (ERIC Document Reproduction Service No. ED 308 364).

Robinson, L. (1997). Emergent Professionals in Early Childhood (EPEC): Improving Articulation Through Career Lattices Which Foster Quality Care and Education for Young Children. Fort Lauderdale, FL: Nova Southeastern University.

Robinson, L. (1998). Emergent Professionals in Early Childhood (EPEC): Improving Articulation Through Career Lattices Which Foster Quality Care and Education for Young Children. Fort Lauderdale, FL: Nova Southeastern University.

Ross, B. (1989). Community college competency-based child development associate (CDS) outreach training program. Columbus, OH: Columbus State Community College. (ERIC Document Reproduction Service No. ED 306 985).

Shallcross, M. A. (1994). Developing and implementing a training program for national accreditation of state-licensed family child care homes. Fort Lauderdale, FL: Nova Southeastern University.

Shore, R. (1997). Rethinking the brain: New insights into early development. New York: Families and Work Institute.

Siegel, P. (1997). New directions for resource-and-referral agencies. In S. L. Kagan & B. T. Bowman (Eds.), Leadership in Early Care and Education (pp. 129-136). Washington, DC: NAEYC.

South Carolina Department of Social Services. (1993, April). Regulations for family day care homes. (DSS 2960).

Taylor, J. L. (1995). Improving the quality of family child care through the implementation of a mentoring and self-instructional training program. (ERIC Document Reproduction Service No. ED 381 274).

Trawick-Smith, J., & Lambert, L. (1995, March). The unique challenges of the family child care provider: Implications for professional development. Young Children, 50(3), 25-32.

Trident Technical College. (1997). 1996 Fact Book. Charleston, SC: Author.

Turner, L. (1998, March 15-17). Enhancing family child care. Interview with Colleen Spears, T and T Tutor World, Charleston, SC.

Ward, P. (1991a). Employers and family day care. New York: NCJW National Family Day Care Project and Save the Children/Child Care Support Center.

Ward, P. (Ed.). (1991b). The partnership guide: Strategies for supporting family day care in your community. New York: The National Council of Jewish Women.

Whitehead, C. (1994). Seeking common ground: The family child care perspective. In J. Johnson & J. B. McCracken (Eds.), The Early Childhood Career Lattice: Perspectives on Professional Development (pp. 31-34). Published where: Publisher.

Wilkins, A., & Blank, H. (1986, September). Child care issues to consider in the development of employment and training programs (ERIC Document Reproduction Service No. ED 287 558).

Wisconsin State Board of Vocational, Technical, and Adult Education. (1985). Delivery of instruction via television: Final report. Madison, WI: Author. (ERIC Document Reproduction Service No. ED 262 168).

Wittenberg, R. (1988). Opportunities in child care careers. Lincolnwood, IL: VGM Career Horizons.

Wolfson, G. K. (1994). The seamless flow.

Zitman, S. M. (1990). All-day care: Exploring the options for you and your child. Wheaton, IL: Harold Shaw Publishers.

APPENDIX A

INSTRUMENT TO EVALUATE PARTICIPANTS' KNOWLEDGE AND SKILLS IN FAMILY CHILD CARE

INSTRUMENT TO EVALUATE PARTICIPANTS' KNOWLEDGE AND SKILLS IN FAMILY CHILD CARE

Rating Scale (10 points for each question)

70 to 100 points: Participants have successfully acquired knowledge and skills in family child care curriculum.

0 to 69 points: Improvement needed in developing knowledge and skills in family child care.

1. Three ways that family child care providers can take care of themselves are:

   a. _____
   b. _____
   c. _____

2. By taking measures to prevent spread of disease and keep children safe, providers can:

   a. _____
   b. _____
   c. _____

3. Family child care programs are _____ _____ that focus on nurturing children and families in a professional manner.

4. Family child care providers should build _____ with families for respect, cooperation, and for successful resolving of differences.

5. _____ means watching what children do and listening to what they say in order to understand them better in the family child care environment.

6. Family child care providers can _____ a child's development or _____ it. Knowing how children learn and play will help providers support and extend children's development.

7. Developing a daily plan helps family child care providers _____ and _____ everyday routines.

8. By _____ children's _____ in ways that help them learn self-control, family child care providers help children feel good about themselves and learn to balance their needs with the needs of others.

9. Knowing _____ _____ strategies helps family child care providers recognize a need for special help or attention needed by the children they serve.

10. _____ and _____ helps family child care providers make known the special qualities of their child care programs.

SCORE _____

APPENDIX B

INSTRUMENT TO EVALUATE PARTICIPANTS' KNOWLEDGE OF ACCESSING RESOURCES AND REFERRALS

INSTRUMENT TO EVALUATE PARTICIPANTS' KNOWLEDGE OF ACCESSING RESOURCES AND REFERRALS

Rating Scale (10 points for each question)

70 to 100 points: Participants have successfully acquired knowledge in how to access resources and referrals for family child care.

0 to 69 points: Improvement needed in developing knowledge in accessing resources and referrals for family child care.

Instructions: Place the appropriate letter of the alphabet by the terms relating to resources and referrals for family child care providers listed below:

_____ Poison Control Hotline

_____ Fire Marshall

_____ Dept. of Social Services

_____ Internal Revenue Service

_____ College's Lending Library for Child Care Providers

_____ Public Library

_____ Association for Family Child Care Providers

_____ USDA Food Program

_____ Exchange Club Center for Parental Support

_____ Community Schools and Child Care Centers

a. Program to assist with providing quality and nutritious meals for children
b. Agency to acquire necessary forms and procedures to help providers follow sound business practices (filing tax returns, social security payments)
c. Places to inquire to get access to waiting lists to provide family child care for neighborhood families
d. Makes networking possible with other family child care professionals, and provides information and other resources on professional development
e. Place to refer parents in family child care to receive additional professional information on parenting skills or guiding their children's behavior
f. Person to contact to ensure that the house where the family child care business operates meets necessary codes to prevent fire hazards
g. Place to acquire quality books to read to children
h. Place to borrow necessary professional development books, equipment, or toys for family child care business
i. Place to call to access immediate information in a crisis situation relating to accidental swallowing of a poisonous substance by a child.
j. Agency to acquire information on licensing and regulation of the family child care provider's business.

SCORE _____

APPENDIX C
CHECKLIST FOR COMPLETION OF
COMPONENTS OF LICENSING PROCESS

CHECKLIST FOR COMPLETION OF
COMPONENTS OF LICENSING PROCESS

PARTICIPANT'S NAME _____

Components:		Completed? YES	NO
1.	Definitions	_____	_____
2.	Procedures for Pre-Application Consultation and Original	_____	_____
3.	Procedures for Registration	_____	_____
4.	Procedures for Renewal	_____	_____
5.	Provisions of the Registration	_____	_____
6.	Procedures for Securing an Original License/Approval	_____	_____
7.	Procedures for License/Approval Renewal	_____	_____
8.	Provisions of the License/Approval	_____	_____
9.	Inspections for Registered and Licensed/Approved Family Day Care Homes	_____	_____
10.	Consultation for Registered and Licensed/Approved Family Day Care Homes	_____	_____
11.	Reporting for Registered and Licensed/Approved Family Day Care Homes	_____	_____
12.	Completion of Application to Operate a Licensed Family Day Care Home	_____	_____

APPENDIX D

PARTICIPANT INTEREST SURVEY

PARTICIPANT INTEREST SURVEY

NAME _____

		YES	NO
1.	Are you a current family child care provider?	_____	_____
2.	Are you interested in earning certification in family child care?	_____	_____
3.	Are you interested in becoming a licensed family child care provider?	_____	_____
4.	Are you interested in being a part of an 8-month implementation tracking process for training and licensing?	_____	_____
5.	Will you be able to attend all 12 training sessions?	_____	_____

APPENDIX E
EVALUATION FORM

EVALUATION FORM

Please circle your rating choice for the following questions:

Rating Scale: 5 - Excellent * 4 - Very Good * 3 - Average * 2 - Fair * 1 - Poor

1.	The training seminars helped to increase my knowledge of family child care process.	5	4	3	2	1
2.	Please rate the Curriculum Training Modules:					
	1. An Inside Look at Family Child Care	5	4	3	2	1
	2 Taking Care of You	5	4	3	2	1
	3. Health and Safety	5	4	3	2	1
	4. Your Family Child Care Business	5	4	3	2	1
	5. Building Partnerships With Families	5	4	3	2	1
	6. Observing Children	5	4	3	2	1
	7. Helping Children Grow and Learn	5	4	3	2	1
	8. A Day in Family Child Care	5	4	3	2	1
	9. Guiding Children's Behavior	5	4	3	2	1
	10. Children's Special Needs	5	4	3	2	1
	11. Marketing and Advocacy	5	4	3	2	1
	12. Your Professional Development	5	4	3	2	1

3. Please check the appropriate response:

I plan to become a licensed family child care provider. Yes _____ No _____

4. Please make other comments if you so desire:

BEST COPY AVAILABLE

APPENDIX F

FAMILY CHILD CARE PROVIDERS: HOME VISIT SUMMARY

FAMILY CHILD CARE PROVIDERS:
HOME VISIT SUMMARY

Name _____ Date of Visit _____

Address _____ Phone Number _____

Observation of Environment:

Need(s) of Provider:

Recommendations: